



Department of Environmental Protection

Southeast Regional Office • 20 Riverside Drive, Lakeville MA 02347 • 508-946-2700

Charles D. Baker
Governor

Karyn E. Polito
Lieutenant Governor

Matthew A. Beaton
Secretary

Martin Suuberg
Commissioner

LEAD AND COPPER (LCR) REVIEW SUMMARY SHEET

Requirements for Systems that *meet* the Action Levels

(90th percentile result was equal to or less than the Action Level)

The following is a review summary sheet for the results you submitted to the Department of Environmental Protection (MassDEP) for the compliance and monitoring period specified. This sheet is intended to help you remain in compliance with the LCR. To maintain compliance with the LCR you must take the specific action(s) checked (☒) below with their respective compliance dates. Please refer to the Drinking Water Regulations (310 CMR 22.00) for specific requirements relative to Lead and Copper and Consumer Confidence Report Rules.

PWS Name:	WEYMOUTH WATER DEPARTMENT	PWS ID#:	4336000	TOWN:	WEYMOUTH
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Sampling Date(s): 7/4-8, 11-14, 19, 25/2017 Round #: 2 ☒ Revised Form
Compliance Period: 1/1/2015 to 12/31/2017 Frequency: ☐ Semiannual ☐ Annual ☒ Every 3 Years
Monitoring Period: 6/1/2017 to 9/30/2017 Number of Samples Required? 30
School/Childcare samples required per 310 CMR 22.06B(7)(a)9? Yes ☒, No ☐
Is PWS Currently providing treatment? Yes ☒, No ☐

SAMPLING RESULTS FOR LCR COMPLIANCE for the period specified above:

Parameter	Action Level (AL) (mg/l)	90 th % (mg/l)	90 th % >AL?	# samples	# samples above AL
Lead	0.015	0.001	no	30	1
Copper	1.3	0.078	no	30	0

☒ SCHOOL/CHILDCARE RESULTS for the period specified above:

School/ Sampling Results required by 310 CMR 22.06B(7)(a)9: This is an additional requirement for community water supplies with every sampling round unless the school/childcare facility has its own well. These four diagnostic samples are in addition to the minimum number required and the results are not used in determining the 90th percentiles for lead and copper. These samples are used to educate the school/school district or facility on the importance of lead and copper sampling and the MassDEP Lead Contamination Control Program (LCCA) for schools and facilities. The results for two (2) sampling sites (kitchen and drinking water source, such as a water fountain) for each of two schools/ facilities are summarized in the table below:

School/Childcare Sampling Location	Lead (mg/l)	> AL?	Copper (mg/l)	> AL?
JOHNSON EARLY CHILDHOOD- BUBBLER	0.0000	no	0.341	no
JOHNSON EARLY CHILDHOOD- KITCHEN	0.0021	no	0.141	no
MURPHY ELEMENTARY- KITCHEN	0.0669	YES	0.825	no
MURPHY ELEMENTARY- BUBBLER	0.0000	no	0.184	no
MURPHY ELEMENTARY- KITCHEN	0.0000	No	0.178	no



Lead and Copper - 90th PERCENTILE COMPLIANCE Report

(For Systems Required to Collect More Than 5 Samples)

I. PWS INFORMATION: Please refer to your DEP Lead & Copper sampling plan for approved sampling locations.

PWS ID #: 4446000 City / Town: Weymouth
 PWS Name: Weymouth Water Department PWS Class: COM ☒ NTNC ☐

Sampling Frequency: (choose one)
☐ FIRST SEMI-ANNUAL SAMPLING PERIOD ☒ REDUCED - EVERY THREE YEARS
☐ SECOND SEMI-ANNUAL SAMPLING PERIOD ☐ LEAD SERVICE LINE (LSL) REPLACEMENT PROGRAM
☐ REDUCED - ANNUAL ☐ DEMONSTRATION

Step 1: Place lead results in ascending order (from lowest to highest value) with lowest value at # 1, in the table below. Repeat for copper results. Please report results that are ND or less than (<) the laboratory's reported detection limit (MDL) as zero. Results at or above the laboratory's detection limit (MDL) but below 0.005 mg/L for lead or 0.05 mg/L for copper shall be reported as measured or may be reported as 0.0025 mg/L for lead or 0.025 mg/L for copper.

Step 2: Multiply the total number of samples collected by 0.9 (this is your 90th percentile sample number). Round to the nearest whole number, if necessary.

Step 3: Compare the sample result at the 90th percentile sample number against the corresponding action level. If the 90th percentile value is higher than the action level, then you have an exceedance and are required to contact MassDEP as soon as possible for information on compliance actions.

Note: Do not include school results on this form unless the PWS is a school.

LEAD RESULTS (mg/L)								COPPER RESULTS (mg/L)							
#	Results	#	Results	#	Results	#	Results	#	Results	#	Results	#	Results	#	Results
1*	0	16	0	31		46		1*	0.011	16	0.041	31		46	
2	0	17	0	32		47		2	0.016	17	0.043	32		47	
3	0	18	0	33		48		3	0.020	18	0.041	33		48	
4	0	19	0	34		49		4	0.022	19	0.045	34		49	
5	0	20	0	35		50		5	0.022	20	0.046	35		50	
6	0	21	0	36		51		6	0.030	21	0.046	36		51	
7	0	22	0	37		52		7	0.031	22	0.047	37		52	
8	0	23	0	38		53		8	0.031	23	0.050	38		53	
9	0	24	0	39		54		9	0.033	24	0.57	39	0.05	54	
10	0	25	0	40		55		10	0.034	25	0.060	40		55	
11	0	26	0	41		56		11	0.035	26	0.075	41		56	
12	0	27	0.0011	42		57		12	0.038	27	0.078	42		57	
13	0	28	0.0015	43		58		13	0.038	28	0.093	43		58	
14	0	29	0.0017	44		59		14	0.041	29	0.094	44		59	
15	0	30	0.018	45		60		15	0.041	30	0.149	45		60	

*Lowest Value

My system was required to collect: 30 lead and copper samples. My system collected: 30 lead and copper

Total # of samples collected: 30 x 0.9 = 27 This number is my system's 90th percentile sample #.

Circle the 90th percentile sample # for both lead and copper in the table above, and enter the results in the appropriate spaces below.

0.0011 (Lead result at 90 th percentile sample#)	Compared to 0.015 mg/L (The lead action level)	0.078 (Copper result at 90 th percentile sample#)	Compared to 1.3 mg/L (The copper action level)
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II. CERTIFICATION:

Check and complete the correct statement for lead as determined by the above results. If you have an exceedance and you are a community system you must comply with the Consumer Confidence Rule (CCR) reporting requirements in accordance with 310 CMR 22.16A(4)(i)6.

☒ My system was at or below the lead action level.

☐ My system exceeded the lead action level and

sampling sites exceeded the lead action level.

(Insert # of

Check and complete the correct statement for copper as determined from the above results. If you have an exceedance and you are a community system you must comply with the Consumer Confidence Rule (CCR) reporting requirements in accordance with 310 CMR 22.16A(4)(i)6.

☒ My system was at or below the copper action level.

☐ My system exceeded the copper action level and

sampling sites exceeded the copper action level.

(Insert # of

My signature below indicates that all sampling sites on this report have been previously approved in writing by the DEP and that I have complied with 310 CMR 22.06B(7). I have also notified the owner of each sampling site of their sites' individual results. I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Facilities Manager

Title

Signature of PWS or Owner's Representative

Date